

**New Hampshire Flames, Inc.
Medical and Liability Release**

Players

Name: _____
Last Name First Name MI.

Date of Birth: _____ Grade _____ Email Address _____

Medical and Liability Release:

I understand that my child's participation in the New Hampshire Flames, Inc. Girls Basketball Organization, involves risks and danger of serious and permanent bodily injury and death. I, as parent or guardian, hereby release, hold harmless, discharge and agree not to sue the New Hampshire Flames, Inc, its directors and officers from all liability from participation in these and other New Hampshire Flames, Inc. related travel, lodging, social and recreational activities.

I also give permission to the New Hampshire Flames, Inc. organization, to provide emergency medical transportation and authorize emergency, medical treatment for:

Child's Last Name First Name MI

My child's physician is:

Print Physicians Name

Address

City State Zip Code () Area Code Phone Number

Insurance Carrier: _____

Policy Number: _____

Parent/Guardian

Are you aware of any medical condition that may interfere with or impair the Player's ability to participate in an AAU competitive basketball game or tournament? Yes _____ No _____

If "Yes" please explain

To my knowledge, unless stated above, the player currently has no medical restriction or condition which interferes with or impairs the player's ability to participate in the AAU competitive basketball game or tournament.

Print Name (Parent/Guardian) Signature (Parent/Guardian) Date

City State Zip Code () Area Code Phone Number